STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335764	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iroquois Nursing Home Inc	4600 Southwood Heights Drive Jamesville, NY 13078

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and interviews (iQIES intake 2971099) the facility failed to ensure that residents with newly evident or possible serious mental disorders, intellectual disabilities, or related conditions were referred for a Level II Preadmission Screening and Resident Review (ensures that individuals who have a mental disorder or intellectual disabilities were not inappropriately placed in nursing homes for long term care; a Level II Preadmission Screening and Resident Review identifies the specialized services required by the resident) for one (1) of one (1) residents (Resident #140) reviewed. Specifically, Resident #140 had a known developmental disability not identified on their initial Screen, a new screen was not completed, they were not referred for a Preadmission Screening and Resident Review Level II timely when the resident's discharge plan changed to long term care; and they did not have a care plan reflecting their Level II Preadmission Screening and Resident Review determination following the completion of a Level II assessment. Findings include:The New York State Department of Health Instruction Manual for Department of Health-695 (2/2009) documented if a resident of a Residential Healthcare Facility, who was identified as having mental retardation/developmental disability on their admission SCREEN Level I Review and met the criteria for Categorical Determination (convalescent care, seriously physically ill, terminally ill, or provisional emergency admission), requires a length of stay longer than the appropriate physician documented number of days, A SCREEN and Level II Evaluation must then be completed. The facility policy Iroquois Nursing Home- admission Criteria, documented all new admissions and readmissions were screened for mental disorders, intellectual disabilities, or related disorders per the Medicaid Pre-admission Screening and Resident Review process. The facility conducts a Level I PASARR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for mental disorders, intellectual disabilities, or related disorders. If the level I screen indicated that the individual may meet the criteria for mental disorders, intellectual disabilities, or related disorders they are referred for a Level II evaluation and determination. The social worker was responsible for making the referrals to the appropriate state-designated authority. Resident #140 had diagnoses including Down Syndrome (genetic condition) and hydrocephalus (water on the brain). The 11/24/2025 Minimum Data Set documented the resident had an intellectual disability of Down Syndrome, had severely impaired cognition and was dependent on activities of daily living. The 11/18/2025 comprehensive care plan documented the resident was living at their sibling's home prior to their hospitalization and was in the facility for long term care due to their sibling no longer being able to care for them and no group home availability. The SCREEN Form: DOH-695 (2/2009) completed 11/18/2025 documented the resident did not have a diagnosis of developmental disability and met the Categorical Determination of convalescent care. There was no new SCREEN Form: DOH-695 (2/2009) completed to reflect the resident's developmental disabilities or when the resident no longer met the criteria for the Categorical Determination of convalescent care. Social Worker #14 progress notes documented the following:-on 11/21/2025 they held a 72-hour discharge planning meeting with the resident's sibling and the interdisciplinary team. The family's goal was to be discharged to long term care. -on 11/26/2025 the anticipated discharge date was 12/30/2025 and the discharge destination (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was long term care as the resident's sibling could no longer take care of them at home. The Office of People with Developmental Disabilities was contacted. -on 12/11/2025 the anticipated discharge date was 12/30/2025. The discharge destination was long term care, preferably at the facility, as the resident's sibling could no longer take care of the resident and The Office of People with Developmental Disabilities stated the waiting list for a group home was over two years. The 02/19/2026 Preadmission Screen and Resident Review Level II Assessment documented the purpose of the assessment was for current nursing home placement and the reason for the assessment was the resident exceeded categorical determination time frame.There was no documented care plan related to the resident's Level II Preadmission Screening and Resident Assessment completed 02/19/2026. The 01/22/2026 Social Services note documented the resident was reviewed for a quarterly assessment. The resident was admitted for short term rehabilitation but transitioned to long term care. The 02/19/2026 Director of Social Work progress note documented a meeting was held for the resident to have a Level II Preadmission Screening and Resident Review and the facility would receive the assessment and determination by the end of the business day on 02/20/2026. During an interview on 06/01/2026 at 3:11 PM, Social Worker #14 stated SCREEN Forms and Preadmission Screening and Resident Review Level II assessments had to be completed prior to a resident's admittance to the facility. The Admissions Coordinator was responsible for reviewing the documents prior to the resident being admitted . The Director of Social Work handled all the Preadmission Screening and Resident Review assessments. During an interview on 06/01/2026 at 3:16 PM, the Director of Social Work stated all residents needed a SCREEN Form completed prior to admission. If the facility accepted a resident who was part of the Office of People with Developmental Disabilities, most of the time the hospitals bypassed the Preadmission Screening and Resident Review Level II assessment by stating the resident was only in the facility for convalescent care which was 120 days or less. If the facility was aware the resident was going to be in the facility for more than 120 days, they needed to initiate a Level II assessment. If a resident was admitted with a diagnosis of developmental disabilities and their SCREEN Form did not reflect it, the facility should be completing a new screen and reaching out to the Level II coordinator for developmental disabilities. Resident #140 was not referred for a Level II assessment as they came in with a categorical determination of a convalescent stay. The resident's family did state upon admission they wanted the resident to be long term care but that did not mean it was an appropriate discharge plan. The Office of People with Developmental Disabilities and the Preadmission Screening and Resident Review Level II process determined the appropriate discharge plan. After Resident #140's Level II assessment was completed, the determination should have been reflected on their care plan. 10 New York Codes, Rules and Regulation 415.11(e)